### **PHA Plans**

### Streamlined Annual Version

U.S. Department of Housing and **Urban Development** Office of Public and Indian

OMB No. 2577-0226

(exp. 05/31/2006)

Housing

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2006

**PHA Name: Kansas Housing Resources** 

Consortium

## **Atchison Housing Authority KS017 Holton Housing Authority KS008**

Annual Plan was published on November 1, 2005 Public Meetings will be held on December 19, 2005, 5:00 p.m. at 100 Southern Heights, Holton Kansas and January 9, 2006 at 6:30 p.m. at 103 South 7th Street, Atchison, Kansas

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

form **HUD-50075-SA** (4/30/2003)

### Streamlined Annual PHA Plan Agency Identification

PHA Name: Atchison Housing Authority and Holton Housing Authority PHA Number: KS017 & KS008 HA Fiscal Year Beginning: April 2006 PHA Programs Administered: **Public Housing and Section 8** Section 8 Only **Public Housing Only** Number of public housing units: Number of S8 units: Number of public housing units: Number of \$8 units: **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table) **Participating PHAs PHA** Program(s) Included in # of Units Programs Not in Code the Consortium the Consortium **Each Program** Participating PHA 1: **Atchison Housing Authority** KS017 Sect. 8/Public Housing 24/191 Participating PHA 2: **Holton Housing Authority** KS008 **Public Housing** 60 **Participating PHA 3: PHA Plan Contact Information:** Name: Atchison Housing Authority Phone: 913-367-3323 TDD: 1-800-766-3777 Email (if available): sherylmorrison@usa.net **Public Access to Information** Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)  $\boxtimes$ PHA's main administrative office PHA's development management offices **Display Locations For PHA Plans and Supporting Documents** The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. X Yes If yes, select all that apply: Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) PHA Plan Supporting Documents are available for inspection at: (select all that apply) X Main business office of the PHA PHA development management offices Other (list below)

Small PHA Plan Update Page 2 **Table Library** 

### Streamlined Annual PHA Plan Fiscal Year 2006

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

<b>A.</b>	PHA PLAN COMPONENTS
	1. Site-Based Waiting List Policies
903.7(b)	(2) Policies on Eligibility, Selection, and Admissions
$\boxtimes$	2. Capital Improvement Needs
903.7(g)	Statement of Capital Improvements Needed
	3. Section 8(y) Homeownership
903.7(k)	0(1)(i) Statement of Homeownership Programs
	4. Project-Based Voucher Programs
	5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA
	has changed any policies, programs, or plan components from its last Annual
	Plan.
$\square$	6. Supporting Documents Available for Review
$\boxtimes$	7. Capital Fund Program and Capital Fund Program Replacement Housing
	Factor, Annual Statement/Performance and Evaluation Report
$\boxtimes$	8. Capital Fund Program 5-Year Action Plan
	o. Capital Pullu Hogram 3-Teal Action Hair
В.	SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD
OFFI(	
OIII	
Form I	HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related
	tions: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or
	ns the PHA has revised since submission of its last Annual Plan, and including Civil
	certifications and assurances the changed policies were presented to the Resident Advisory
_	For review and comment, approved by the PHA governing board, and made available for
	and inspection at the PHA's principal office;
	IAs Applying for Formula Capital Fund Program (CFP) Grants:
	HUD-50070, Certification for a Drug-Free Workplace;
	202 200.0, <u>confidential for a Divig Free frenches</u>

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL &SF-LLLa, Disclosure of Lobbying Activities.

### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **No** 

Site-Based Waiting Lists							
Development Information: (Name, number, location)		Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics		
2. What is the number of site based waiting list developments to which families may apply at one time?							
3.	3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?						
4.	Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order,						

### **B.** Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

violate or be inconsistent with the order, agreement or complaint below:

agreement or complaint and describe how use of a site-based waiting list will not

1.	How many site-based waiting lists will the PHA operate in the coming year? 0
2.	Yes No: Are any or all of the PHA's site-based waiting lists new for the
	upcoming year (that is, they are not part of a previously-HUD-
	approved site based waiting list plan)?
	If yes, how many lists?
3.	Yes No: May families be on more than one list simultaneously
	If yes, how many lists?

<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul>							
2. Capital Impre [24 CFR Part 903.12	(c), 903.7 (g)]						
Exemptions: Section	n 8 only PHAs are not required to complete this component.						
A. Capital Fund	d Program						
1. X Yes No	Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.						
2. ☐ Yes ⊠ No:	Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).						
B. HOPE VI ar (Non-Capita	nd Public Housing Development and Replacement Activities						
Applicability: All Pl	HAs administering public housing. Identify any approved HOPE VI g development or replacement activities not described in the Capital						
1. Yes No:	Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).						
2. Status of HO	OPE VI revitalization grant(s):						

HOPE VI Revitalization Grant Status						
<ul><li>a. Development Name:</li><li>b. Development Number:</li></ul>						
c. Status of Grant:						
Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway						
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
3. ☐ Yes ⊠ No:	Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name(s) below:					
4. ☐ Yes ⊠ No:	Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:					
5. Yes No: V	Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:					
3. Section 8 Tena Program	ant Based AssistanceSection 8(y) Homeownership					
	D Down 002 12(a) 002 7(lz)(1)(j)]					
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]						
1. ☐ Yes ⊠ No:	Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)					
2. Program Descripti	on:					
a. Size of Program  Yes No:	Will the PHA limit the number of families participating in the Section 8 homeownership option?					
	If the answer to the question above was yes, what is the maximum number of participants this fiscal year?					
b. PHA-established e	digibility criteria					
Yes No:	Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  If yes, list criteria:					
	Small PHA Plan Update Page 6					

Table Library

c. What actions will the PHA undertake to implement the program this year (list)?					
3. Capacity of the PHA to Administer a Section 8 Homeownership Program:					
The PHA has demonstrated its capacity to administer the program by (select all that apply):  Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.  Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.  Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):  Demonstrating that it has other relevant experience (list experience below):					
4. Use of the Project-Based Voucher Program					
Intent to Use Project-Based Assistance					
Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.					
1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:					
low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)					
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):					
5. PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15]					
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.					
1. Consolidated Plan jurisdiction: (provide name here) State of Kansas a.k.a. Kansas Housing Resources Corporation.					

	PHA has taken the following steps to ensure consistency of this PHA Plan with Consolidated Plan for the jurisdiction: (select all that apply)
$\boxtimes$	The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
$\boxtimes$	The PHA has participated in any consultation process organized and offered by
	the Consolidated Plan agency in the development of the Consolidated Plan.
	The PHA has consulted with the Consolidated Plan agency during the
	development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
	Other: (list below)
	e Consolidated Plan of the jurisdiction supports the PHA Plan with the following and commitments: (describe below)

## <u>6. Supporting Documents Available for Review for Streamlined Annual</u> PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On	Supporting Document	Related Plan Component				
Display						
X	PHA Certifications of Compliance with the PHA Plans and Related	5 Year and Annual Plans				
	Regulations and Board Resolution to Accompany the Standard Annual,					
	Standard Five-Year, and Streamlined Five-Year/Annual Plans;					
37		C. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
X	PHA Certifications of Compliance with the PHA Plans and Related	Streamlined Annual Plans				
	Regulations and Board Resolution to Accompany the Streamlined Annual Plan					
X	Certification by State or Local Official of PHA Plan Consistency with	5 Yearand standard				
Λ	Consolidated Plan.	Annual Plans				
X	Fair Housing Documentation Supporting Fair Housing Certifications:	5 Year and Annual Plans				
71	Records reflecting that the PHA has examined its programs or proposed	5 Tear and Annual Flans				
	programs, identified any impediments to fair housing choice in those					
	programs, addressed or is addressing those impediments in a reasonable					
	fashion in view of the resources available, and worked or is working					
	with local jurisdictions to implement any of the jurisdictions' initiatives					
	to affirmatively further fair housing that require the PHA's involvement.					
X	Housing Needs Statement of the Consolidated Plan for the	Annual Plan:				
	jurisdiction(s) in which the PHA is located and any additional backup	Housing Needs				
	data to support statement of housing needs for families on the PHA's					
**	public housing and Section 8 tenant-based waiting lists.	4 1 101				
X	Most recent board-approved operating budget for the public housing	Annual Plan:				
V	program	Financial Resources				
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment	Annual Plan: Eligibility, Selection, and Admissions				
	Plan [TSAP] and the Site-Based Waiting List Procedure.	Policies				
X	Deconcentration Income Analysis	Annual Plan: Eligibility,				
11	Beconcentuation mediae r marysis	Selection, and Admissions				
		Policies				
X	Any policy governing occupancy of Police Officers and Over-Income	Annual Plan: Eligibility,				
	Tenants in Public Housing.   Check here if included in the public	Selection, and Admissions				
	housing A&O Policy.	Policies				
X	Section 8 Administrative Plan	Annual Plan: Eligibility,				
		Selection, and Admissions				
		Policies				
X	Public housing rent determination policies, including the method for	Annual Plan: Rent				
	setting public housing flat rents.	Determination				
***	Check here if included in the public housing A & O Policy.	4 170 5				
X	Schedule of flat rents offered at each public housing development.	Annual Plan: Rent				
v	Check here if included in the public housing A & O Policy.  Section 8 rent determination (payment standard) policies (if included in	Determination Applied Plant Port				
X	plan, not necessary as a supporting document) and written analysis of	Annual Plan: Rent Determination				
	Section 8 payment standard policies.   Check here if included in	Determination				
	Section 8 Administrative Plan.					
X	Public housing management and maintenance policy documents,	Annual Plan: Operations				
	including policies for the prevention or eradication of pest infestation	and Maintenance				
	(including cockroach infestation).					
X	Results of latest Public Housing Assessment System (PHAS)	Annual Plan: Management				
	Assessment (or other applicable assessment).	and Operations				
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if	Annual Plan: Operations				
	necessary)	and Maintenance and				
		Community Service &				
		Self-Sufficiency				

	List of Supporting Documents Available for Review	T = = -		
Applicable & On	Supporting Document	Annual Plan: Management and Operations		
Display X	Results of latest Section 8 Management Assessment System (SEMAP)			
	Any policies governing any Section 8 special housing types  Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance		
X	Public housing grievance procedures  Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures		
X	Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures		
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs		
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs		
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs		
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs		
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition		
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing		
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing		
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing		
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership		
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership		
X	Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency		
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency		
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency		
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency		
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency		
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy		
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit		
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)		
Х	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations		

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary PHA Name: The Housing Authority of the City of Atchison, **Grant Type and Number** Federal FY of Grant: 2003 Kansas Capital Fund Program: KS16P01750103 Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/2005 Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost** Line **Total Actual Cost** No. **Original Obligated Expended** Revised Total non-CFP Funds 1406 Operations 53348.93 53348.93 53348.93 1408 Management Improvements 1410 Administration 26,000.00 26,000.00 26,000.00 1411 Audit 1415 liquidated Damages 1430 Fees and Costs 2906.37 2906.37 2906.37 1440 Site Acquisition 9 1450 Site Improvement 0.00 0.000.00 10 1460 Dwelling Structures 133,961,70 133961.70 130461.70 1465.1 Dwelling Equipment— 11 Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 1485 Demolition 14 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs 17 18 1498 Mod Used for Development 19 1502 Contingency 20 Amount of Annual Grant: (sum of lines 2-216,217.00 216,217.00 212,717.00 19) 21 Amount of line 20 Related to LBP Activities

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Na	me: The Housing Authority of the City of Atchison,	Grant Type and Number		Federal FY of Grant:				
Kansas		Capital Fund Program: KS16P01750103		2003				
		Capital Fund Program						
		Replacement Housing Factor Grant No:						
	ginal Annual Statement	Reserve for Disasters/ Emergencies	Revised Annual Statem	ent (revision no: )				
<b>⊠Per</b>	formance and Evaluation Report for Period	Ending: 9/30/2005 Final Performanc	e and Evaluation Report	t				
Line	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	Total Act	tual Cost				
No.								
22	Amount of line 20 Related to Section 504							
	Compliance							
23	Amount of line 20 Related to Security							
24	Amount of line 20 Related to Energy Conservation							
	Measures							

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part II: Supporting Pages** 

PHA Name: The	e Housing Authority of the City of	Grant Type and Number				Federal FY of Grant:		
Atchison, Kansa	S	Capital Fund Program #: KS16P01750103 Capital Fund Program Replacement Housing Factor #:				2003		
Development General Description of Major Number Work Categories		Dev. Acct No.		Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA- Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
KS017001	Unfunded subsidy and rent loss	1406		25,000.00	53348.93	53348.93	53348.93	Completed
KS017001	Administration	1410		26,000.00		26000.00	26000.00	Completed
KS017001	A&E	1430		2906.37		2906.37	2906.37	Completed
KS017001	Conversion of office	1460		130,461.70		130461.70	130461.70	Completed
KS017001	Seal Parking lots	1450		21848.93	0.00	0	0	
KS017001	Sign for MT Building	1460		10000.00	3500.00	3500.00	0	InProgress

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Atchison Housing Auth.			<b>Type and Numb</b> al Fund Program al Fund Program	er #:KS16P01750103 Replacement Hous	ng Factor #:		Federal FY of Grant: 2003
Development All Fund (			ted	All	Funds Expende	ed	Reasons for Revised Target Dates
Number (Quart En		Ending D	ate)	(Quarter Ending Date)		ite)	
Name/HA-Wide							
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
KS017001	09/16/2005		8/15/2005	09/16/2007			

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary PHA Name: The Housing Authority of the City of Atchison, **Grant Type and Number** Federal FY of Grant: Capital Fund Program: KS16P01750203Kansas 2003 Capital Fund Program Replacement Housing Factor Grant No: Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 9/30/2005 Final Performance and Evaluation Report **Total Estimated Cost Line | Summary by Development Account Total Actual Cost** No. **Original** Revised **Obligated Expended** Total non-CFP Funds 1406 Operations 1408 Management Improvements 1410 Administration 1411 Audit 1415 liquidated Damages 6 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 9 10 1460 Dwelling Structures 21576.37 43091.00 21576.37 1465.1 Dwelling Equipment— Nonexpendable 1470 Nondwelling Structures 12 1475 Nondwelling Equipment 13 14 1485 Demolition 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 17 1495.1 Relocation Costs 1498 Mod Used for Development

	ial Statement/Performance and Evalua tal Fund Program and Capital Fund P	-	nt Housing Factor	(CFP/CFPRHF) Par	rt 1: Summary	
PHA Na Kansas	ame: The Housing Authority of the City of Atchison,	Grant Type and Number Capital Fund Program: KS1	6P01750203		Federal FY of Grant: 2003	
Capital Fund Program Replacement Housing Factor Grant No:						
Or	iginal Annual Statement	Reserve for Disa	sters/ Emergencies	Revised Annual Stater	ment (revision no: )	
Per	formance and Evaluation Report for Period	Ending: 9/30/2005	Final Performance	e and Evaluation Repo	rt	
Line	<b>Summary by Development Account</b>	Total Estin	nated Cost	<b>Total Actual Cost</b>		
No.						
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-	43091.00		21576.37	21576.37	
	19)					
21	Amount of line 20 Related to LBP Activities					
2	Amount of line 20 Related to Section 504					
	Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: The Atchison, Kansas	Housing Authority of the City of	Grant Type and Number  Capital Fund Program #: KS16P01750203  Capital Fund Program  Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		nated Cost	Total Ac	tual Cost	Status of Proposed
HA-Wide Activities	-			Original	Revised	Funds Obligated	Funds Expended	Work
KS017001	MT blind replacement	1460		43091.00		21576.37	21576.37	Progress

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Atchison	n Housing Auth	Capita	<b>Type and Numl</b> al Fund Program al Fund Program	#:KS16P01750203 Replacement House	ing Factor #:		Federal FY of Grant: 2003
Development	All F	und Obliga	ted	All	Funds Expende	ed	Reasons for Revised Target Dates
Number	(Quar	t Ending D	ate)	(Qua	arter Ending Da	ite)	
Name/HA-Wide							
Activities				Original Revised Actual			
	Original	Revised				Actual	
KS017001	2/12/2006			2/12/2008			

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary PHA Name: The Housing Authority of the City of Atchison. **Grant Type and Number** Federal FY of Grant: 2004 Kansas Capital Fund Program: KS16P01750104 Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/2005 Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost** Line **Total Actual Cost** No. **Original Obligated Expended** Revised Total non-CFP Funds 20,000.00 20,000.00 1406 Operations 20,000.00 1408 Management Improvements 1410 Administration 25,000.00 25000.00 25000.00 1411 Audit 1415 liquidated Damages 1430 Fees and Costs 20,000.00 0.00 0.00 1440 Site Acquisition 9 1450 Site Improvement 10 1460 Dwelling Structures 185,402.00 0.00 0.00 1465.1 Dwelling Equipment— 11 Nonexpendable 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 1485 Demolition 14 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs 17 18 1498 Mod Used for Development 19 1502 Contingency 20 Amount of Annual Grant: (sum of lines 2-250,402.00 45000.00 45000.00 19) 21 Amount of line 20 Related to LBP Activities

Annı	ual Statement/Performance and Evalua	tion Report					
Capi	tal Fund Program and Capital Fund P	rogram Replacement Housing Factor	(CFP/CFPRHF) Par	t 1: Summary			
PHA N	ame: The Housing Authority of the City of Atchison,	Grant Type and Number		Federal FY of Grant:			
Kansas		Capital Fund Program: KS16P01750104		2004			
		Capital Fund Program					
Replacement Housing Factor Grant No:							
│ □Or	<b>☐</b> Original Annual Statement <b>☐</b> Reserve for Disasters/ Emergencies <b>☐</b> Revised Annual Statement (revision no:						
<b>⊠Pe</b> ı	formance and Evaluation Report for Period	Ending: 9/30/2005 Final Performan	ce and Evaluation Repor	t			
Line	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	Total Ac	tual Cost			
No.							
22	Amount of line 20 Related to Section 504						
	Compliance						
23	Amount of line 20 Related to Security						
24	Amount of line 20 Related to Energy Conservation						
	Measures						

### Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

	PHA Name: The Housing Authority of the City of Atchison, Kansas		umber ram #: KS16P0 ram Housing Factor			Federal FY of Grant: 2004		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estir	nated Cost	Total Ac	tual Cost	Status of Proposed
Name/HA- Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
KS017001	Unfunded subsidy and rent loss	1406		20,000.00		20000.00	20000.00	Completed
KS017001	,							-
KS017001	Salaries and Benefits	1410		25,000.00		25000.00	25000.00	Completed
KS017001	A&E	1430		20,000.00		0.00	0.00	NoProgress
KS017001	Replace Window Blinds	1460		165787.00		0.00	0.00	No progess
KS017001	lot from testing tanks	1460		20000.00		0.00	0.00	State/evirom.

### **Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule** PHA Name: The Housing Authority **Grant Type and Number** Federal FY of Grant: Capital Fund Program #:KS16P01750104 2004 of the City of Atchison, Kansas Capital Fund Program Replacement Housing Factor #: Development All Fund Obligated All Funds Expended Reasons for Revised Target Dates Number (Quart Ending Date) (Quarter Ending Date) Name/HA-Wide Activities Original Revised Original Revised Actual Actual 9/13/2006 KS017001 9/13/2008

	al Statement/Performance and Evaluation Re				
	al Fund Program and Capital Fund Program			PRHF) Part I: Sum	mary
	ame: The Housing Authority of the City of Atchison, KS	Grant Type and Number Capital Fund Program Gr Replacement Housing Fa	ant No: KS16P01750105 ctor Grant No:		Federal FY of Grant: 2005
	iginal Annual Statement Reserve for Disas	_		•	
	formance and Evaluation Report for Period			nce and Evaluation	
Line	<b>Summary by Development Account</b>		imated Cost		ctual Cost
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				-
2	1406 Operations	25,000.00		25000.00	0
3	1408 Management Improvements				
4	1410 Administration	26,000.00		26000.00	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	207965.00		0	0
11	1465.1 Dwelling Equipment—				
	Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20	258965.00		51000.00	0

Annu	al Statement/Performance and Evaluation Re	port						
Capit	al Fund Program and Capital Fund Program	<b>Replacement Housin</b>	g Factor (CFP/CFP)	RHF) Part I: Sumn	nary			
PHA Na	PHA Name: The Housing Authority of the City of Atchison, KS  Grant Type and Number Capital Fund Program Grant No: KS16P01750105 Replacement Housing Factor Grant No:  Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)							
	<u> </u>			•	, and a second s			
<b>☐</b> Performance and Evaluation Report for Period Ending:09/30/2005 ☐ Final Performance and Evaluation Report								
Line	<b>Summary by Development Account</b>	Total Estin	nated Cost	Total Act	ual Cost			
		Original	Revised	Obligated	Expended			
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504							
	compliance							
24	Amount of line 21 Related to Security – Soft							
	Costs							
25	Amount of Line 21 Related to Security — Hard Costs							
26	Amount of line 21 Related to Energy Conservation Measures							

PHA Name: The Housing Authority of the City of Atchison, Kansas		Grant Type an Capital Fund P Replacement H	rogram Grant	No:KS16P017 Grant No:	Federal FY of G	rant: 2005		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Ac	Status of Work	
HA-Wide Act.				Original	Revised	Funds Obligated	Funds Expended	
KS017001	Operating. Sub. unfund	1406		25,000		25000	0	
KS017001	Administration	1410		26,000		26000	0	
KS017001	Exterior Paining Duplex	1460		10,000		0	0	
KS017001	Painting hallways M.T	1460		20,000		0	0	
KS017001	New Shower surrounds MT	1460		177,965		0	0	

<b>Annual Statement</b>				_			
Capital Fund Prog	_	_	und Prog	ram Replac	ement Housi	ing Factor	(CFP/CFPRHF)
Part III: Impleme							
PHA Name: Atchison	Housing		Type and Nur		1750105		Federal FY of Grant:2005
Authority		Repla	al Fund Prograi cement Housin	m No: KS16P001 g Factor No:			
Development	-				Funds Expende	ed	Reasons for Revised Target Dates
Number	ter Ending I	Date)	(Qua	arter Ending Da	ite)		
Name/HA-Wide							
Activities	D ' 1	A . 1	0::1	D : 1	A , 1		
1/001/7001	Original	Revised	Actual	Original	Revised	Actual	
KS017001	8/17/07			08/17/09			
					-		

	al Statement/Performance and Evaluation Re	-			
	al Fund Program and Capital Fund Program			RHF) Part I: Sumn	
	ame: The Housing Authority of the City of Atchison, KS	Grant Type and Number Capital Fund Program Gr Replacement Housing Fa	Federal FY of Grant: 2006		
	iginal Annual Statement Reserve for Disas				)
Line	formance and Evaluation Report for Period Summary by Development Account		Performance and Eva	Total Act	ual Cost
	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total non-CFP Funds	8		8	•
2	1406 Operations	25,000.00			
3	1408 Management Improvements				
4	1410 Administration	26,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	213000.00			
11	1465.1 Dwelling Equipment—				
	Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 –20	264000.00			

Annu	al Statement/Performance and Evaluation Re	port				
Capit	al Fund Program and Capital Fund Program	<b>Replacement Housin</b>	g Factor (CFP/CFPR	HF) Part I: Summ	ary	
	ame: The Housing Authority of the City of Atchison, KS	Grant Type and Number Capital Fund Program Gran Replacement Housing Factor	or Grant No:		Federal FY of Grant: 2006	
Ori	iginal Annual Statement $oxedsymbol{\square}$ Reserve for Disast	ters/ Emergencies 🔲	Revised Annual State	ment (revision no:	)	
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report						
Line	<b>Summary by Development Account</b>	Total Estin	nated Cost	ted Cost Total Actua		
		Original	Revised	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504					
	compliance					
24	Amount of line 21 Related to Security – Soft					
	Costs					
25	Amount of Line 21 Related to Security — Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

Part II: Supporting Pages PHA Name: The Housing Authority of the City of Atchison, Kansas		Grant Type an Capital Fund P Replacement H	rogram Grant	No:KS16P017 Grant No:	750106	Federal FY of Grant: 2006			
Development Number	General Description of Major Work Categories	Dev. Acct No.		Total Estimated Cost		Total Ac	Status of Work		
HA-Wide Act.				Original	Revised	Funds Obligated	Funds Expended		
KS017001	Operating. Sub. unfund	1406		25,000					
KS017001	Administration	1410		26,000					
KS017001	Bathroom Sinks	1460		9,000					
KS017001	M.T Kitchen Remodel	1460		204,000					

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implementation Schedule									
Time Townson Troubles			Grant Type and Number Capital Fund Program No: KS16P001750106				Federal FY of Grant:2006		
			Replacement Housing Factor No:						
Development	All	Fund Obliga	ted	All Funds Expended			Reasons for Revised Target Dates		
Number	(Quar	ter Ending I	Date)	(Quarter Ending Date)					
Name/HA-Wide									
Activities	0 : 1	D 1 1	A . 1	0 1	D : 1	T A . 1			
KG017001	Original	Revised	Actual	Original	Revised	Actual			
KS017001									

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary PHA Name: The Housing Authority of the City of Holton, Kansas **Grant Type and Number** Federal FY of Grant: Capital Fund Program: KS16P00850104 2004 Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: ) Original Annual Statement Performance and Evaluation Report for Period Ending:9/30/2005 Final Performance and Evaluation Report **Total Estimated Cost Line | Summary by Development Account Total Actual Cost** No. **Original** Revised **Obligated Expended** Total non-CFP Funds 8,000.00 8000.00 1406 Operations 8000.00 8000.00 1408 Management Improvements 8,000.00 8000.00 1410 Administration 1411 Audit 1415 liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 9 1450 Site Improvement 10,000.00 5460.00 5460.00 1460 Dwelling Structures 10 53258.00 53258.00 53258.00 1465.1 Dwelling Equipment— Nonexpendable 1470 Nondwelling Structures 12 13 1475 Nondwelling Equipment 14 1485 Demolition 15 1490 Replacement Reserve 16 1492 Moving to Work Demonstration 17 1495.1 Relocation Costs 18 1498 Mod Used for Development 19 1502 Contingency

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: The Housing Authority of the City of Holton, Kansas		Grant Type and Number		Federal FY of Grant:		
		Capital Fund Program: KS1	6P00850104		2004	
		Capital Fund Program Replacement Housing F	Factor Grant No:			
Or	iginal Annual Statement			Revised Annual Staten	nent (revision no: )	
	Performance and Evaluation Report for Period Ending:9/30/2005 Final Performance and Evaluation Report					
Line	<b>Summary by Development Account</b>	Total Estimated Cost Total Actual Cost			tual Cost	
No.						
20	Amount of Annual Grant: (sum of lines 2-	79,258.00		74718.00	74718.00	
	19)					
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504					
	Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation					
	Measures					

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: The Housing Authority of the City of		Grant Type and Number				Federal FY of Grant:		
Holton, Kansas		Capital Fund Program #: KS16P00850104				2004		
,		Capital Fund Progra	am					
D 1	C ID '.' CM.'	Replacement Housing Factor #:				T I I G I G I		G, , C
Development	General Description of Major	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Number	Work Categories							
HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
KS008001	Operations	1406		8,000.00		8000.00	8000.00	Completed
KS008001	Consortium Fees	1408		8,000.00		8000.00	8000.00	Completed
KS008001	Paint PHA Units Exterior	1460		33136.00		33136.00	33136.00	Completed
KS008001	Landscaping and Tree Removal	1450		10,000		5460.00	5460.00	N Progress
KS008001	Over run on Shower Project	1460		22513		36572.00	36572.00	Completed
	-							

### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: The Housing Authority **Grant Type and Number** Federal FY of Grant: Capital Fund Program #:KS16P00850104 2004 of the City of Holton, Kansas Capital Fund Program Replacement Housing Factor #: Development All Fund Obligated All Funds Expended Reasons for Revised Target Dates Number (Quart Ending Date) (Quarter Ending Date) Name/HA-Wide Activities Original Revised Original Revised Actual Actual KS008001 9/13/2006 9/13/2008

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: The Housing Authority of the City of Holton, Kansas		Grant Type and Number	Federal FY of Grant:			
		Capital Fund Program: KS	16P00850105		2005	
		Capital Fund Program Replacement Housing	Factor Grant No:			
Or	iginal Annual Statement			Revised Annual Statement (revision no: )		
	formance and Evaluation Report for Period					
Line	Summary by Development Account		mated Cost	Total Actual Cost		
No.						
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	8,000.00		8000.00	0.00	
3	1408 Management Improvements	8,000.00		8000.00	8000.00	
4	1410 Administration					
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	57968.00		0.00	0.00	
11	1465.1 Dwelling Equipment—					
	Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA Name: The Housing Authority of the City of Holton, Kansas		Grant Type and Number		Federal FY of Grant:			
		Capital Fund Program: KS1	6P00850105		2005		
		Capital Fund Program Replacement Housing F	Sactor Grant No.				
	iginal Annual Statement			Revised Annual States	nont (rovision no: )		
_	☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: ) ☐ Performance and Evaluation Report for Period Ending: 09/30/2005 ☐ Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost Total A			tual Cost		
No.							
20	Amount of Annual Grant: (sum of lines 2-	73,968.00		16000.00	8000.00		
	19)						
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504						
	Compliance						
23	Amount of line 20 Related to Security						
24	Amount of line 20 Related to Energy Conservation						
	Measures						

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Holton, Kansas		Grant Type and Number Capital Fund Program #: KS16P00850105 Capital Fund Program			Federal FY of Grant: 2005			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Ousing Factor # Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA- Wide Activities	_			Original	Revised	Funds Obligated	Funds Expended	Work
KS008001	Operations	1406		8,000.00		8000.00	0.00	Completed
KS008001	Consortium Fees	1408		8,000.00		8000.00	0.00	Completed
KS008001	Carpet and Tile Units	1460		57,968.00		0.00	0.00	

### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: The Housing Authority **Grant Type and Number** Federal FY of Grant: Capital Fund Program #:KS16P00850105 2005 of the City of Holton, Kansas Capital Fund Program Replacement Housing Factor #: Development All Fund Obligated All Funds Expended Reasons for Revised Target Dates Number (Quart Ending Date) (Quarter Ending Date) Name/HA-Wide Activities Original Revised Original Revised Actual Actual KS008001 8/17/2007 8/17/2009

#### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary Grant Type and Number PHA Name: The Housing Authority of the City of Holton, Kansas Federal FY of Grant: Capital Fund Program: KS16P00850106 2006 Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: ) Original Annual Statement Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report Line | Summary by Development Account **Total Estimated Cost Total Actual Cost** No. **Original** Revised **Obligated Expended** Total non-CFP Funds 8,000.00 1406 Operations 1408 Management Improvements 8,000.00 1410 Administration 1411 Audit 1415 liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 9 1450 Site Improvement 10 1460 Dwelling Structures 32000.00 1465.1 Dwelling Equipment— Nonexpendable 1470 Nondwelling Structures 12 13 1475 Nondwelling Equipment 33000.00 14 1485 Demolition 15 1490 Replacement Reserve 16 1492 Moving to Work Demonstration 17 1495.1 Relocation Costs 18 1498 Mod Used for Development 19 1502 Contingency

Annual Statement/Performance and Evaluation Report									
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Na	me: The Housing Authority of the City of Holton, Kansas	Grant Type and				Federal FY of Grant:			
		_	-	6P00850106		2006			
		Capital Fund Pr Replacem	•	actor Grant No:					
⊠0r	iginal Annual Statement				Revised Annual Staten	nent (revision no: )			
Per	Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report								
Line	<b>Summary by Development Account</b>	7	Total Estin	nated Cost	Total Ac	ctual Cost			
No.									
20	Amount of Annual Grant: (sum of lines 2-	81000.00							
	19)								
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504								
	Compliance								
23	Amount of line 20 Related to Security								
24	Amount of line 20 Related to Energy Conservation								
	Measures								

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Holton, Kansas		Grant Type and Number  Capital Fund Program #: KS16P00850105  Capital Fund Program  Replacement Housing Factor #:			Federal FY of Grant: 2005			
Development	General Description of Major	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of
Number	Work Categories				T			Proposed
Name/HA-				Original	Revised	Funds	Funds	Work
Wide						Obligated	Expended	
Activities								
KS008001	Operations	1406		8,000				
KS008001	Consortium Fees	1408		8,000				
KS008001	Replace Locks	1460		12,000				
KS008001	2&3 BR. Windows	1460		20,000				
KS008001	Washers/Dryers	1475		8,000				
KS008001	Lawnmower/snow blade	1475		11,000				
KS008001	Utility Vehicle	1475		10,000				

### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part III: Implementation Schedule** PHA Name: The Housing Authority **Grant Type and Number** Federal FY of Grant: Capital Fund Program #:KS16P00850106 2006 of the City of Holton, Kansas Capital Fund Program Replacement Housing Factor #: Development All Fund Obligated All Funds Expended Reasons for Revised Target Dates Number (Quart Ending Date) (Quarter Ending Date) Name/HA-Wide Activities Original Revised Original Revised Actual Actual KS008001

Capital Fund Program Five-Year Action Plan							
PHA Name Holton Housing Authority				Original 5-Year P	lan		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2011		
	Annual Statement						
KS008 Southern Heights		83179.00	106,000.00	84,000.00	78,000.00		
CFP Funds Listed for 5-year planning							
Replacement Housing Factor Funds							

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities							
Activities				A ativi	ities for Year: _3		
for	Activities for Year :2 FFY Grant: 2006				FY Grant: 2007		
Year 1							
Year 1		HA FY: 2007	Estimated		PHA FY: 2008	Estimated	
	<b>Development</b>	Major Work	Cost	<b>Development</b>	Major Work	Estimated	
G	Name/Number	Categories		Name/Number KS008.	Categories	Cost	
See	KS008	Oper/Consortium	16000.00		Oper/consot.	16000.00	
Annual	KS008	Sidewalks/parkings	37179.00	KS008	Reshingle Roofs	90000.00	
Statement	KS008	Interior Painting	30000.00				
	Total CFP Estimated	Cost	\$83179.00			\$106000.00	

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities							
Activit	ties for Year :_4		Activities for Year:5_				
FF	Y Grant: 2008		F	FY Grant: 2009			
P	PHA FY: 2009			PHA FY: 2010			
Development	Major Work	<b>Estimated Cost</b>	Development	Major Work	Estimated		
Name/Number	Categories		Name/Number	Categories	Cost		
KS008Southern Heights	Stoves/refer.	30000.00	KS008Southern Heights	Operations/consortium	20000.00		
	Oper/consortium	16000.00	KS008	Maint. Tools	30000.00		
	2/3 br bath remodel	14000.00	KS008	Interior Doors	28000.00		
	Storm Doors	24000.00		•			
Total CFP Esti	mated Cost	\$84000.00			\$78000.00		

Capital Fund Program Five-Year Action Plan Part I: Summary							
PHA Name Atchison Housing Authority				<b>⊠Original 5-Year P ■Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2011		
	Annual Statement						
KS017001 Mall Towers		300,000.00	220,000.00	290,000.00	260,000.00		
CFP Funds Listed for 5-year planning							
Replacement Housing Factor Funds							

	tal Fund Program Fiv porting Pages—Work						
Activities		ties for Year :2		Activities for Year: _3			
for		FY Grant: 2007			Y Grant: 2008		
Year 1	]	PHA FY: 2008		P	HA FY: 2009		
	Development	Major Work	Estimated	Development	Major Work	Estimated	
	Name/Number	Categories	Cost	Name/Number	Categories	Cost	
See	KS017001MT	Replace Air Handler.	300000.00	KS017001 M.T.	Replace Roof	90000.00	
Annual				KS017001 Fam. Units	Remodel BathRM	130000.00	
Statement							
	Total CFP Estimated	d Cost	\$300,000			\$220000	

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities							
	ties for Year :_4		Activi	ties for Year:5_			
FI	FY Grant: 2009		FF	Y Grant: 2010			
I	PHA FY: 2010		P	PHA FY: 2011			
Development	Major Work	<b>Estimated Cost</b>	Development	Major Work	Estimated		
Name/Number	Categories		Name/Number	Categories	Cost		
KS017 Mall Towers	Replace Heat/Cool Units	290000.00	KS017 Mall Towers	Tile in Comm. Space	90000.00		
			KS017 Family Units	Replace Flooring	170000.00		
Total CED E-4	imated Cost	\$290000.00			\$260000.00		
Total CFP Est	imated Cost	φ <b>∠</b> 90000.00			φ200000.00		

